

ST MARYS HOME FOR THE AGED
2005 DIVISION ST

MANITOWOC 54220 Phone:(920) 684-7171
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 191
Total Licensed Bed Capacity (12/31/04): 191
Number of Residents on 12/31/04: 184

Ownership: Nonprofit Church/Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? Yes
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 180

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		36.4
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		32.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3	More Than 4 Years		31.5
Day Services	No	Mental Illness (Org./Psy)	35.3	65 - 74	7.6			-----
Respite Care	No	Mental Illness (Other)	5.4	75 - 84	30.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.1		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	12.5	65 & Over	96.7	-----		
Transportation	No	Cerebrovascular	5.4		-----	RNs		6.8
Referral Service	No	Diabetes	1.6	Gender	%	LPNs		8.2
Other Services	No	Respiratory	3.3	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	34.2	Male	23.4	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	76.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	23	100.0	324	3	2.6	138	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	26	14.1
Skilled Care	0	0.0	0	109	93.2	119	0	0.0	0	44	100.0	160	0	0.0	0	0	0.0	0	153	83.2
Intermediate	---	---	---	5	4.3	100	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	2.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	23	100.0		117	100.0		0	0.0		44	100.0		0	0.0		0	0.0		184	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	8.2	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	1.1	61.4	37.5	184
Other Nursing Homes	2.1	Dressing	7.6	82.1	10.3	184
Acute Care Hospitals	83.0	Transferring	19.0	60.9	20.1	184
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	17.9	59.8	22.3	184
Rehabilitation Hospitals	0.0	Eating	53.8	33.7	12.5	184
Other Locations	6.7	*****				
Total Number of Admissions	194	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	9.8		Receiving Respiratory Care	9.2
Private Home/No Home Health	22.5	Occ/Freq. Incontinent of Bladder	54.3		Receiving Tracheostomy Care	0.5
Private Home/With Home Health	12.0	Occ/Freq. Incontinent of Bowel	34.8		Receiving Suctioning	2.2
Other Nursing Homes	2.1				Receiving Ostomy Care	2.2
Acute Care Hospitals	16.8	Mobility			Receiving Tube Feeding	2.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.3		Receiving Mechanically Altered Diets	28.3
Rehabilitation Hospitals	0.0					
Other Locations	9.9	Skin Care			Other Resident Characteristics	
Deaths	36.6	With Pressure Sores	8.2		Have Advance Directives	91.8
Total Number of Discharges		With Rashes	4.9		Medications	
(Including Deaths)	191				Receiving Psychoactive Drugs	57.1

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer %	Group Ratio	Bed Size: 100-199 Peer %	Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.2	94.4	1.00	86.9	1.08	87.7	1.07	88.8	1.06
Current Residents from In-County	90.2	77.1	1.17	80.4	1.12	70.1	1.29	77.4	1.17
Admissions from In-County, Still Residing	32.0	24.2	1.32	23.2	1.38	21.3	1.50	19.4	1.65
Admissions/Average Daily Census	107.8	115.9	0.93	122.8	0.88	116.7	0.92	146.5	0.74
Discharges/Average Daily Census	106.1	115.5	0.92	125.2	0.85	117.9	0.90	148.0	0.72
Discharges To Private Residence/Average Daily Census	36.7	46.1	0.80	54.7	0.67	49.0	0.75	66.9	0.55
Residents Receiving Skilled Care	97.3	97.0	1.00	96.9	1.00	93.5	1.04	89.9	1.08
Residents Aged 65 and Older	96.7	97.0	1.00	92.2	1.05	92.7	1.04	87.9	1.10
Title 19 (Medicaid) Funded Residents	63.6	64.4	0.99	67.9	0.94	68.9	0.92	66.1	0.96
Private Pay Funded Residents	23.9	24.7	0.97	18.8	1.27	19.5	1.23	20.6	1.16
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	40.8	35.9	1.13	37.7	1.08	36.0	1.13	33.6	1.21
General Medical Service Residents	34.2	24.7	1.38	25.4	1.35	25.3	1.35	21.1	1.63
Impaired ADL (Mean)	50.4	50.8	0.99	49.7	1.01	48.1	1.05	49.4	1.02
Psychological Problems	57.1	59.4	0.96	62.2	0.92	61.7	0.92	57.7	0.99
Nursing Care Required (Mean)	7.3	6.8	1.07	7.5	0.97	7.2	1.01	7.4	0.98